

# Exhibit A

**MEDICAL MANAGEMENT OF COVID-19: QUARANTINE HIGH RISK INMATES/DETAINEES IN EVERY FACILITY**

The FSC Health Services Division leadership team was tasked with producing a plan to quarantine inmates/detainees who are at higher risk of serious complications from COVID-19 and have not been exposed to the virus, so that we minimize the risk of this specific population contracting the virus. General population inmates/detainees who are at highest risk of death from COVID-19 (*e.g.*, age 65 or older, heart disease, diabetes, lung disease, *etc.*) but have not been exposed to the virus will be moved into clean housing units/pods, separate from the lower risk population of inmates/detainees. This restricted area of the facility will be considered a *protective* area, essentially the opposite of a *containment* area, the objective being to keep the space free of the COVID-19 virus. To create an added layer of defense should COVID-19 enter the facility, the separate units/pods housing the highest risk population will adhere to the following protocols.

- We recommend a dedicated cadre of nurses, providers, and security staff serve this protective area, minimizing the transmission of the virus from other parts of the facility or free world into the protective area.
- At a minimum, staff entering the protective area will be screened at the beginning of their shift for having symptoms consistent with COVID-19 infection. Staff will also be temperature tested before each shift.
- All personnel entering the secure unit will wear protective garments (*i.e.*, paper isolation gowns, shoe covers, latex or nitrile gloves, and N-95 masks) to ensure staff are clean upon entering the area (as opposed to cleaning upon leaving the *containment* area). Using a dedicated cadre of staff, as noted above, will ensure staff do not cross contaminate and introduce COVID-19 into a clean area. Limiting staff in this area during a work shift will decrease the overuse of personal protective equipment.
- Inmates/detainees will be managed in a manner that avoids exposure to lower-risk inmates/detainees and staff who have not been cleared to enter the protective area.
  - Meals will be brought to the secured unit(s).
  - Medical services will be delivered in the secured unit(s).
  - Any inmate/detainee services or programming will be provided in the secured unit(s) or suspended.
  - Inmates/detainees in the secured unit(s) will utilize a separate and secured yard for recreation.
  - All reception and discharge for necessary out-of-facility trips will happen within the secured unit.
  - Communication with family and friends will be facilitated within the secure facility.
  - Any other service or program not mentioned here will be provided within the protective area, if possible, or suspended. Suspension of any contractually required activities must be relayed to the warden of the facility for partner approval prior to suspension of services.
- The preferred medical/mental health provider encounters will be telehealth.
- All routine dental and optical practice (*e.g.*, dental cleanings, eye exams, *etc.*) will be suspended unless necessary.
- At the end of each shift, all waste material will be disposed of in biohazard bags, following infection control practices in policy/standards (*e.g.*, double-bagging).
- All medical equipment and surfaces will be cleaned and disinfected daily.